

RECEIVED
FEDERAL ELECTION
COMMISSION

2011 JUL -5 AM 10: 47
OFFICE OF GENERAL
COUNSEL

MUR#_648

June 20, 2011

Office of General Counsel

Federal Election Commission

999 E Street, N.W.

Washington D.C. 20463

Dear Sirs:

I am filing a complaint today on behalf of the Connecticut Republican State Central Committee regarding the CT Working Families Party Federal PAC/DBA Taking Back Congress.

Enclosed you will find two campaign finance reports from the CT Working Families Campaign Committee.

In the report filed for January 10, 2011 those are three expanditures as follows:

November 26, 2010 - \$7335.99 Check 1393

November 26, 2010 - \$5057.57 Check 1394

December 16, 2010 - \$4556.85 - Check 1395

In the report files for April 5, 2011 there two expanditures as follows:

January 9, 2011 - \$3805.77 Check 1398

February 17, 2011 - \$2528.78 Check 1405

The Working Families Campaign Committee is a registered party committee under Connecticut State law. They are a minor party in Connecticut and this committee acts as their State Central Committee. This complaint is being filed due to my understanding that under federal election law the federal campaign committee must be the same name as the state committee.

I contend that a contribution from a state party committee to a federal political action committee (PAC) is illegal under federal law.

In addition, according to the reports listed on the FEC website the above mentioned contributions to the CT Working Families Federal PAC from the Working Families Campaign Committee are not listed as income on any of their reports.

Please feel free to contact me with any additional questions.

Sincerek ntapholdenly Christopher C. Healy

State Party Chairman

Connecticut Republicans

27 Dorchester Road

Wethersfield, CT 06109

figer penalty of perjury that the details contained above are to the best of my knowledge.

Christopher C. Healy

Signed and sworn to before me this 2074 day of June

MICHAEL ARGENTO NOTARY PUBLIC
MY COMMISSION EXPIRES AUG 31 2012

Exhibit M.

SEEC FORM 2

PARTY COMMITTEE REGISTRATION
CONNECTICUT STATE ELECTIONS EFFORCEMENT COMMISSION
Rev. 3907
Page 1 of 2



Do Not Mark in This Space For Official Use Only

REGISTRATION TYPE

D INITIAL

7	AMENDED	

1. NAME OF COMMIT	Ter	·				2. ACRONYM						
Working Familie	es Campaigr	n Committee		•	\Box							
3. COMMITTEE ADDR	283			· .		·	- 					
Address 30 Arbor S	st # 210					City	Zip Code 06106					
4. COMMITTEE E-HAIL ADDRESS							MMITTEE WEB SITE ADDRESS	3				
							www.ct.workingfa	milies.org				
6. CHAIRPERSON NA	ME						· , · · · · · · · · · · · · · · · · · ·					
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7. CHAIRPERSON RES	IDENCE ADDI	res ·	.				LAIRPERSON MAILING ADDRE	58 <i>(* 49-</i>	·			
Street Address 21 l	reet Address 21 Linden St Unit 18						ress 290 Post Rd W					
City Norwalk		State CT	Zip Co			City	Westport	State CT	Zip Code 06881			
S.CHAIRPERSON TE	LEPHONE die	Stude Area Cades		10. CH	AIRPE	rsor	E-MAIL ADDRESS					
(203)	226 —	- 4751		l			ufcwoffice@aol.com					
11. TREASURER NAM	E	·			: .	• • • •	and the state of the state of the state of	200				
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City	·	State	Zip Co			City	Zip Code					
Bristol		দে	060			<u> </u>		<u> </u>				
14. TREASURER TEL	EPHONE quelos	le Àrea Code)		15. TR	EASUR	ER I	LNAIL ADDRESS *** *******************************	dia a				
(860)	670 —	- 4761		<u></u>		ryderryder@comcast.net						
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Notice: Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

SEEC FORM 2

PARTY COMMITTEE REGISTRATION

CONNECTICUT STATE ELECTIONS EPIFORCEMENT COMMISSION Rev. 3/07

Page 2 of 2



Do Not Mark in This Space For Official Use Only

REGISTRATION TYPE
INITIAL
AMENDED

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City		State	Zip Co			City			State	Zip Code			
24. ALTERNATE DEP	uty treasur	er telemon	3 ·	25. A	LTERN	ATÉ DE	PUTYÄ	REASURER E-A	iàil address				
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						Brian	A. Pet	ronella		02/01/2010			
						CHAIR	PERSON	(SIGNATURE)		DATE (mm/dd/yyyy)			
this party committee.	I intend to com	ply with all the c	ampaign	finance	e disclo	ente tedi	iremen	ts as contained i		ne designated treasurer of e General Statutes, and to			
abide by any prohibiti	ons, umitations	or restrictions co	oncerming	caunipa	ngn cor		Ryding			02/11/2010			
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HAND DELIVERED SEEC

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement 2
COMMECTICUTISTATE ELECTIMAS ENFORCEMENT COMMISSION
Rev. 1/08

2010 AN 12 P 4: 29

100464

Do Not Mark in This Sease For Official Line Only

Page 1 of 17

SUMMARY PAGE

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	'Work	ing Families Campa	ign Cor	nmittee			
2. TREASURER NA							
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3. TREASURER AD	<u> </u>	·		, Ayum	your o		
Street Address	DKE35	City				State	Zip Code
176 Marcia	Drive		Bristol			CT	06010
4. ELECTION/REFI	ERENDUM DATE	5. OFFICE SOUGHT (Comple	te only if Cas	ddate Committe	9)	6. DISTRICT N	UMBER
(mm/dd/yyyy) . 11/0	4/2009						
7. CANDIDATE NA	ME (Complete only	If Candidate or Exploratory Com	mittee)				
Tate	First		Mi	Last			Suffiz
8. TYPE OF REPOR	T (Check One Box)					-
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☐ April 10 filing		(: 30 days following primar	ry C	45 days followii	ng referendur	n C, Amend	ment to
1 July 10 filing		7th day preacding election 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n E	Deficit		Туре	of Report:
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2. PERIOD COVER	ED						
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		10/16/2009	thru	12	/31/2009	<u> </u>	
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SUMMARY PAGE

TOTALS		•
NAME OF COMMITTEE	FILING DUE DATE	· · · · · · · · · · · · · · · · · · ·
	01/11	
Working Families Campaign Committee	COLUMN A This Period	COLUMN B · Aggregate
11. Balance on hand from day Committee was formed for all other committees		\$3,626.83
12. Balance on hand at the beginning of Reporting Period	\$2,781.45	
13. Contributions received from Individuels (Semions A and B)	\$2,895.00	\$3,045.00
14. Receipts from Other Committees (Sections C1 and C2)	\$26,723.86	\$51,973.66
15. Other Monetary Receipts (Sections D-K)	\$0.00	\$0.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1) Town Committees ONLY	\$0.00	\$0.00
16b. Total Proceeds from Small Purchases at Tag Sales. Auctions or Other Sales (Section L2)	\$0.00	\$0.00
Menticipal and Temp 16c, Total Purchases of Advertising in a Program Book (Section L3) Committees ONLY	\$0.00	. \$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$29,618.56	\$55,018.66
18. Subtoints (add totals in line 12 + line 17 in Column A: and in line 11 + 17 in Column B)	\$32,400.11	\$58,645.49
19. Exputes Paid by Committee (Section P)	\$31,450.25	\$57,355.63
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$949.86	\$1,289.86
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	\$0.00
25s. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Lown	\$0.00	\$0.00
25c. * Paymonts on Lenin	\$0.00	\$0.00
. 25d. Total Ottistendleg Lean Armount	\$0.00	\$0.00
26. Campaign Engrances Paid by Cauditinte (Section ())	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28, Expenses Incurred by Committee: During this Period but Not Paid (Section S)	\$1,877.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$1,877.00	

	I. MONETAI	RY REC	EIPTS	(Se	ctions A-K)			Page 3 of 17
NAME OF COMMITTEE	lan Committee					PILING D	UE DATE	
Working Families Campo A. Total Contributions from Sm		ucelved	this i	erio	d ONLY	<u> </u>	01/11/2010	 -i
(See Instructions for dulimitional Small Cont	ibutari			Suptr	tal Section A	S	150.00	
Last Name	B. Itemize	d Cont		985 f	rom Indivi			
Strahinich	Daniel		J IM		Udian r	epi asenti	evilu	Amount of Contribution
Resiliental Suret Address 930 West Disuleward	City Hartford	СТ	7.ip ("ode 06105			gland 11		
Is contributor a lookyist, spouse, Cl. Yes or dependent chills of a limitivisity is No.	If contribution is in exce municipality does contri municipality valued et m	hutor or bu	siness he	/she is		have a co		
Is this controllection (nescricted with a fundraising event listed in Section L1? (i) No fires, list Event #	ls sumcitator a i Myca: india of government	nee which	क्रिक्रमं	r branc		ins sume ac tive CL	i No	
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Last Name Disease	First Kenneth		мі		Principal Occupa			Attrount of Contribution
Residential Freet Address 657 Haritage Vig # A	City Southbury	State	Zip Code		Rate of Employ			
is contributor a lebbyist, spouse Yes or depandent child of a labbyist? No	If contribution is in since municipality does contri municipality valued at m	butor or bu	siness he	/shw is		have a so		
Is this contribution associated with a fundraising event listed in Section L1? F. N. Myer. list Event #	es le contributor a lf_ves, indica el governm	case which	branch o	r branc		tive state es stive_Ci L	E No	· ·
Method of contribution: C. Ottob U Personal Cheek E. Creater Debit (Curd C. Payroll Deduction	[] Meno	Caler	Date	Received 11/RG/200	A .	Aggregate contributions	\$75.00
Last Name Pla	First David		Mi		Principal Ceceps			Amount of Contribution
Kesi tingiti (pres) Addgess	City	CT	Xip Code		Name of Employ			
Is contributor a lobbyist, spouse, (1) Yes or dependent child of a lobbyist? (7) No	If contribution is in excumunicipality does contribution municipality valued at a	butor or bu	siness h	/she is		have a co		
Is this contribution associated with a 17. Y. Individualsing event listed in Section 1.1? Y. Mass. list Elemit #		cate which	branch o	r bran		tive state o	□ No	
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Lest Mora: †Barnchressa	Pira Nancy		M.		Principal Pagus Profi			Amount of Contribution
Residential Street Address 59 Woodchuck Hill Road	City Simsbury	State	06070		Name of Employ	rer .		
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or dependent child of a lobbyist? 🧖 No	municipality does contri municipality valued at n				s associated with C! Yes 📑 1		ntract, with said	
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·\#orking Families Comn	nittee								11/2910	
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or dependent child of a lelibyist? (6, No		ality dies ometrib ality valued 12 mo				niciated with Yes 3 No		weet with s	nid ·	
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Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No		bution is in excertality does contrib								
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						5	OBTO!	L Section	B-This Page	\$1,450.00
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	1	. MONETA Section B. A		-				-	
NAME OF COMPANY		Securi D. A	GUILLON	1:10	age				
NAME OF COMMITTEE Working Families Camp	aign Commit	lee .			•	FILTNIG D	NIE DATE 01/	11/2010	
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Residential Street Address 97 Browns Rul.	Ciry Storrs	State	Zip Code 08250		Name of Employ ECSU	er .			}
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Last Name Dated	First Kenneth		М		Principal Occupation	tica			Assess of Contribution
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657 Heritage Vig # A Li contributor a lability ist, spouse, Y Yes	Southbur	y CT is in excess of \$40			annitta for a	abiatama	uine officer	af a	
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		valued at more than	\$5,000?	?	Yes F N	<u> </u>			ļ
Is this contribution associated with a ''' \ fundraising event listed in Section L1? '2" \		natribular a principa U yvs. indicate whic				ire nate co	mirochir?	C Yes j≅ No	j
4" yes, ils Event #		of government the co			Execu	tive 🙉 L	egislative	/- NO	
Method of contribution:	~			Date	Received	_	Aggregate o	•]
P Cault C. Penanti Chode P Could Debit		Deduction / Min			12/17/260	_	<u> </u>	\$290.00	\$25.00
Last Name Tvirsterfield	First Michael		MI	Ì	Principal Occupa	aton.		•	Amount of Contribution
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555 Masintain Road Is contributor a lobbyist, spouse. Yes		Weet Hartford CT 06117 If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a							
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Ls this contribution associated with a Audraining event listed in Section L1?	No .	ontributor a principa Lycz, indicate which of greenmant the co	h branch or	bran	ches	live state o	_	F. Yes	
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Residential Street Addis	City	Since OT	ZerCd≥ 08117		hame of display		on M. Ro	bi]
286 Steele Rd Is contributes a lobbyist, spouse. C. Yes	West Har	tiond CT on is in course of Self		date					1
or dependent child of a lobbyint? . No	municipality	does contributor or valued at more than	business be/s	de i		have a co]
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Residential Street Address	City	State	2300		Name of Employ				Continuent
10 Columbus Blvd.	Hartford	<u>CT</u>					amie L. M		1 .
Is contributor a lobby ist, spouse. Yes or deputations child of a bubbyiat? No	municipality	on is in excess of \$40 does contributor or valual at more than	business he:	she i		h have a co			
Is dish contribution associated with a fundraising erant listed in Section L1? July pes, list Event #	No	contributor a princip If you indicate while of government the c	ch branch or	bran	ches		datateur? Legislative	↑ Yes jà No	
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<u> </u>		·				NEIVI	AL Section	B-Tuls Page Page	\$375.00

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Morking Families Compaign Committee D1/11/2010	stribution
B.	stribution
Lest None Doed Kenneth Kenne	stribution
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fundraining event listed in Section L1? In a figure indicate which branches of government the contract is with: Figure Internation Figure	
The content of the contribution The contributio	
Residential Small Address 12 Paul: Terracer Agel 2 Is constributor a lobbyist, spouse. 13 Paul: Terracer Agel 2 Is constributor a lobbyist, spouse. 14 Paul: Terracer Agel 2 Is constributor a lobbyist, spouse. 15 Paul: Terracer Agel 2 If concipution is in excess of S400 to a candidate committee for a chief executive officer of a municipality does contributor or business be she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with a figure of the state contractor of the state contractor of the state contractor. Is contribution associated with a figure of the state contractor of the state contractor. Is contribution associated with a figure of the state contractor of the state contractor. Is contribution associated with a figure of the state contractor of the state contractor. Is contribution associated with a figure of the state contractor. If yes, indicate which branch or branches. If yes, indi	
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Is contributor a lobbyist, spause, t. Yes If contribution is in excess of \$400 to a candidate cummittee for a chief executive officer of a endicate child of a lobbyist? ". No municipality does contributor or business he also is associated with lave a contract with said municipality valued at more than \$5,000? ". Yes . No	
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Method of contribution: Cash Personal Check Credit Debit Card Payred Deduction Maney Order	
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Is contributor a lobbyist, spouse. Yes or dependent thirds of a lobbyist? No numicipality does contributor or business he she is associated with have a contract with said municipality valued at many sinus \$5,000? Tes Yo No	
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Method of congribation: Cash Personal Cheek Credit/Debit Card Payroll Deduction Money Order 12/04/2009 \$0.00	
SUDIVIAL Section B-This Page	\$85.0

	ı.	MONE	TARY R	CEIPTS	(Sections	A-K)		Page 4 of 17
NAME OF COMMITTEE WORKING FOMILY	· Cou			صلار بدد	- ;	F	ILING DUE DATE.	7/0
		_			er Commi	itteer	- (1117-	01-
Name of Committee SETU Local 3 Address HOI Ave of the America City New York	32 <i>8</i> J	<u>C</u> 7	PAC	-	Name of Treas	Hor.	Figueroa	
hoi Ave of the America	s 18#	FI.	Is this contr fundraising	ribution asso event listed	cisted with a in Section L1	Yes ? No	If yes, list Event #_	Amount of Contribution
" New York	NY	Zip ("ode Ú 4	13	att Mactives 10/16	/2007	Ajdrigate (contributions	\$5,000.00
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Address			Is this conti fundraising	ribution asso event listed	ciated with a in Section L1	☐ Yes	Uyer, list Event #	Amount of Contribution
City	State	Zip Code	(6)	Pate Received	. 1	Aggregate (antibutions	
Numb of Committee	'		·	V	Name of Young	HUEF		**************************************
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Name of Committee					Name of Lives	AUTET		*************************************
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Address			ts this cont fundraising	ribution asso event listed	ciated with a in Section I.I	Yes	Uyes, list Event #	Amount of Contribution
Cay	Sine	Zip Code		Date Received		√ggegne ('perributions	
Name of Committee				-	Name of Trees	SUDOY		
Address			Is this cont	ribution asso event listed	eliteá with a in Section 1.1	☐ Yes	Upez, list Event #	Amount of Contribution
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C2. Relmburse	ments. P	aymen	ts. or Su	rplus Dis	tribution	s from	other Committee	· · · · · · · · · · · · · · · · · · ·
Name of Committee to elect Sou	ida E	5. Ba	raka		en se	Holl	ey	
85 Pine Point Dr		برن چات دادوران د	•	Dute Recen	121/2	2 609		Amount of Receipt
Bridgeport	7	7.ip (*ode 06	606		ent for goods :			3,750.00
Maria Pereira for	BOE,	69			ners.	Calle	ahan	
643 Park Ave.	T&mare	9:- 2:- 4		Date Recei	<u> </u> 20 2	2009	•	Amount of Receipt
"Bridge port	CT	Zip Code OG	604		bursemida for ent for goods			5,400.0
		_			SUBTO	TAL Se	ction C-This Page	14,150.00
·					JOTADW	PROMIN	MScetton C. Pages	~~~~

		<u> </u>		XPENDITUP. Addition				
NAME OF COMMITTEE					·	FILING DUE DATE		
Worlding Families Campaign Comm	nittee						11/2010)
		P. 1	Expens	es Paid by C	ommittee			
Name of Payee Bank of America					Date of Payment	Method of Paymeut		Amount
Sincel Address	City	,	State	Zip Code	10/30/2009	Check #		
Purpose of Estpenditure (by code) BNK	Descrip	Monthly ch		osure fee (Oct	, Nov) \$5./mo.	Event a	-1	
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou Independent Corganization (size forst merions) A. F. B. C. C. D. C.	âps	Cominient(s) Name (if applicable)		QÍ	lice Sought	Supported Opposed	s	10.00
Name of Payer Reads of America					Date of Payment	Method of Payment	一十	Amount
Smeet Address	City		State	Zip Code	11/09/2009	Check #_		
(ph corps) BNR Enthors of Extraoritime	Descrip	Stop paym	ent fee c	ж.#1129		Even #		
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou Independent Corganization thee Instructions)	ight	Candidate(1) Nam (if applicable)	•	Ö	Tice Sought	Supported □ Opposed		30.00
CACBCCOD Name of Bayer Official Produce	E				Date of Payment	Method of Payment	\dashv	Amount
Click n Pledge	Chy		State	Zip Code	11/20/200	Check #	j	
(ph cogs) MEB Labors of Lebragions	Descri			nation service		Event #	一	
Typic of Expenditure (if applicable): Coordinated with reimbursement sough Coordinated without reimbursement sou Independent Organization (see Instructions)	ught	Candidate(s) Num (f applicable)		. O	Nice Sought.	□ Supported □ Opposed	s	48.63
Name of Fayer	<u>O El</u>				Date of Payment	Method of Payment		Amount
Street Addicat	City		State	Zip Code	\dashv	Check # Debit Card		
Purpose of Expenditure (by code)	Descri	rtica				Event 4		
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Name of Payee	(E			·	Date of Payment	Method of Payment	十	Amount
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Commization (see Instructions)	C						5	0.00
					SU	BTOTAL Section P-This 1	Page	\$88.63
	-					Para	0	ar 0

	ı.	MONE'	TARY. F	RECEIPTS	(Section	s A-K)	Page 4 of 17		
NAME OF COMMITTEE				•		FILING DUE DATE			
Working Families C	ampaign (Committe)		·		1/11/2010		
Name of Committee	C1:	<u>Contrib</u>	utions	from Oth	er Comm		· · · · · · · · · · · · · · · · · · ·		
AFSCME Council 4 OPC					Salvatore Luciano				
Address 444 E. Main Street	<u>.</u>		ls this cor fundraisir		cinted with a in Section (.	I? ® No Event#	Assumt of Contribution		
City New Britain	State CT	Zip Code	6051	Date Received	72009	Aggregate Contributions \$2,500.00	\$2,500.00		
Name of Committee	<u> </u>	<u> </u>		10/30	Name of Tree		L		
New England Regional Co	uncil/Carp	enters C		<u> </u>	John				
Addge) 427 Stillison Road			in Section 1.	Yes //yes, list	Amount of Contribution				
City Fairfleid	State	Zip Code	P Code Date Reserved 06824 11/04			\$0.00	\$750.00		
Name of Committee					Name of Tax	surer Margarita Baran	<u> </u>		
Cops for a better CT PAC f	I Amount of the Address								
290 Pratt Street	_		Is this cor fundraisir	ntribution asso ng event listed	ciated with a in Section L	Yes Uyes, list	Amount of Contribution		
City Meridan	State	Zip ('ode	5450	Date Received		Aggregate Contributions \$0.00	\$1,000.00		
Name of Committee					Num of ice		<u></u>		
Willow Cedar PAC					L	Troy Poynton, Sr.			
Address 30 West Main Street, Ste. 12	·		fundraisi		in Section I	.1. No livent#	Amount of Contribution		
('ey Waterbury	CT	7.ip Code Of	5702	11/06/2		Apprepate Contributions \$0.00	\$1,000.00		
Name of Committee	sturer George Valaitis								
Waterbury Labor PAC	Amount of Contribution								
PC Box 1027	State	192-0-2	ls this co fundraisi	ntribution assung event listed TDate Received	in Section 1	TARREST CONTINUES	\$250.00		
Waterbury ·	CT	Zip ('ade O(5721	11/6/20		\$0.00	7200.00		
Newle of Committee					Name of Tre				
Carpenters local 210 OPC			le this se	atribution see	عاد اربران	Michael J. Magut C Yes // yes. list	- Amount of Contribution		
427 Stillison Road	va-=		fundraisi	ng event listed	l in Section L	LI? @ No Event#			
City Fai/field	State CT	Zip ('ode Of	3824	Date Received 10/29		Aggregate Contributions \$0.00	\$750.00		
C2. Reimburs	ments,	Paymen	ts. or S			ns from other Committee	**		
Name of Committee Robert Cotto for 80E				Númer of T		Visna Turolos			
Address 12 Park Terrace Apt 2	-			Date Rece		17/2/209	Amount of Receipt		
City Hartford	Sune	Zip (*ode	3B196			or shared expanse C Surplus s and services Distribution	\$3,223.66		
Name of Committee Noel for BOE	 		Name of 1	Name of Tressurer Temple Shannon					
Address 141 Ridgefield Street				Date Rece	12/17	Amount of Receipt			
City Hartford	Stole	Zip ('ode	06112			or sheard emperge	\$3, 100.00		
	<u> </u>	1		1		OFAL Section C-This Page	\$12,573.66		
:					TOTAL	of additional Section C Pages	\$14,150.00		
TOTAL OF ALL COMMETTER C	ONTRIB.	ITIONS	AND DE	CEIMIC /F	ndon doda# =	on Line 14 of Surmon Board	\$26,723,66		

		I. MOI	VETAR	Y RECEIPTS	S (Sections A.K)			Page 5 of 17
NAME OF COMMITTEE						FILING C	NE DATE	
Working	Families C	ampaign Com	mittee				01/11/2	2010
·		D.	Loans	Received th	is Period		·	
Name of Lender					Source of Lour:		is there a Cosigner or Guarantor of	Amount Received
Street Address	Cuty.		State	Zip (*ode	(∵ Bank i⊃	Candidate	this loan? C.: Yes of yes los	
Name of Congact/Guerantor					Individual II	Other Committee	Customer Connections Li No	\$0.00
Street Address	City		State	7.ip Code	Date of Receipt			
Name of Leader				·	Source of Loan:		is there a Cosigner	Amount Received
Street Address	City		State	Zip ('ode	Bank €1	Candidate	or Guarantor of this loan? C. Yes Ny yer lan	
Name of Cosigner-Guarantor					Ci Individual C!	Other Committee	(engine (introduce)	\$0.00
Street Address	City		State CT	Zip Code	Date of Receipt			
	<u> </u>					;	Total Section D	s 0.00
F. Receipts fro	m Entitie	s other then	Indivi	duals or Off	er Committees	(Referen	tum Committees ONL	
Name of Entity				ound of Oth	ict Çolmunices	(Meyer est	The Continues of the	
Street Address	•		-		lies decrived			Amount Received
City	S	CT ·	Zip (*ode		Aggregate Contributions	,	\$0.00	, \$0.00
Name of Emily					l <u> </u>			
Street Address					Date Received			[A
anti vands					THE SECTIVES			Amount Received
City	S	CT	Zip (*ode	···	Aggregate Contributions	.	\$0.00	\$0.00
Name of Emp			-	<u> </u>				
Street Address		· · · · ·			Date Received			Amount Received
Chy	1	CT	Zip ('ede		Aggregate Contribution		\$0.00	\$0.00
							Total Section E	s 0.00
FAmous	t Transfe	erred from 4	ffiliar	d Rusiness '	Tressury /Busha	es Entle-	Committees ONLY)	,
Date of Receipt	Amoun			Date of Receipt		Amount	\$0.00	Total Transfers
is this transaction associated with a fundraising event listed in Section L1	Ci Yes	If yes, hst Event #	<u>. </u>	ls this transaction fundraising eve	on associated with a nt listed in Section L1:	TYes D No	If yes, list Event #	s 0.00
G. Amount Transferr	ed from A	Millated La	bor Un	ion or Other	r Organization '	Treasut	y (Organization Com	
Date of Receipt				Date of Rece	ip.			Total Transfers
Amount	0.00	····	•	Amount	دهر ويستديه	\$0.00		200
								s 0.00
M. Ren	onal Fuu	ids of the Ca	ndidat	e Received t	his <u>Period</u> (Can	<u> Weste Co</u>	amilians ONLY)	Total
Date of Receipt	<u> </u>	Method of pays	nent:	Date of Receipt			Method of payment:	Amount Received
Amount \$0.0	0 .	C: Personal CI C' Credit/Debi		Amount	\$0.00		Personal Check Cl Credit/Debit Card	s 0.00

		I MON	JETA I	RY RECEIPTS	(Sections	A_L	3					4-44
NAME OF COMMITTEE		1. ///	VEIA	N L NECEIF. 13	(Sections)	A			·	-	raj	e 6 of 17
NAME OF COMMITTEE Working	Families Camp	sion Comm	ittee				FILIN	G DUE DA	01/11	/201	10	
VVOIKUIG				iono (Constanto	Her owner	-64			0.77	720		
Date Received	Amount	HOUS CON	Mout	ions (Specify do	uer emouni		Amount	ecervea/		-1	Tota	
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. coins \$0.00	\$10 bill	\$0.00		coins	\$6.00		\$10 bil	SO.0	00	ł		
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		Interest fr	rom D	eposits in Au	thorized /	\cco						
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Name of Institution	<u> </u>	30.00		Name of Institution			L		30.00	-1'	Amount R	SCSIACE
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Street Address				Street Address						\dashv		
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City	State CT	Zip Code	•	City	•		State	2T 2	ip C'ode	١,	6	0.00
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Indine										.	Amount R	acelved
Street Address			City			State		Zip Cods		┥		
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deter watereds			,,,,				CT ·					
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·								T	otal Section	K	\$	0.00
	Summar	y of Other	Mon	etary Receipt	(Section	s D-	K)					
Total Louns Received this Per	iod (Section D)	· 			<u> </u>				1		0.00	
Total Receipts from Entities o			her Co	mmittees (Section	n E)		<u> </u>	+			0.00	
Total Amount Transferred fro								+	_	_	0.00	
Total Amount Transferred fro					France /S	ectio	• C)				0.00	
Total Amount of Personal Fu											0.00	
· · · · · · · · · · · · · · · · · · ·			wa	1 41100 (360100				+				
Total Amount of Anonymous		<u> </u>		(Bantles P							0.00	
Total Amount of Interest from								+		_	0.00	
Total Miscellaneous Monetar					N)						0.00	
Total of Other Mosetary (Enter total on Line 15 of S			os D-)	KJ							0.00)
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			II. F	UNDRA	ISING EV	ENT ACTIVITY	· · · · · · · · · · · · · · · · · · ·		Page 7 of 17
NAME OF COMMITTE							FILING DUE DATE		
	Worki	ng Families Campa	-			 	<u> </u>	01/11/201	0
Variable Variable			Lı.			Information		 	lin a
Fundraling Event # Date of Fundraiser	Letter	Description_	٠	Lucation:	Stores Address		City	Same	Zip Code
								СТ	
Subpart 1: (All Com Was this fundraising of	-	ted at a personal resid	lence?		D Ye	and complete require beverage and invited	L4 in-kind Donations not C d information for purchases s ions.)		
Did this fundraiser inc \$100 or items donated				y of up ta	□ Ye	and complete require	Let In-Idad Dénytique not (d information.)	onxidered (entributions:
Was this fundraiser a with purchases from a			of dona	ed items	ŪYe ⊃ No	(If yes, go to Section	L. Proceeds from Tag Sale,	Auction, or	Other Sair of
Subpart 2: (Town Co West them pussioned with this fundraiser?					OPLY)	s (<i>If yes</i> , go to Samian and complete requi	LJ Purchases of Advertisis ed information.)	ig Space ia :	a Program Book
Subject 1: (Teron E Did your convenience gathering held within	mil food	or beverage at a fair o	x simile	r mass	O Y		Reculpto from usuali purche	here.)	0.00
Fundralished Event if Date of Fundrainer	Letter	Description		Location:	Street Address		C'ity .	State	Zip Code
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Did ühis fundraiser in S100 er items dameter				y of up to		(If yes, go to Section and correlete requir	L4 In-kind Donations not C ed information.)	onsidered (Contributions
Was this fundraiser a with purchases from a			of dona	ted items	Ω Ye	i (If yes, go to Sestion Donated Items.)	1.2 Proceeds from Tog Sale	, Auction, o	r Other Sale of
Were there purchases with this fundraiser?	of adver	s and Municipal Car tising space in a prog				and complete requi	n L3 Purchases of Advertisioned information.)	g Space in	s Program Beck
Subpart 3: (Town C Did your committee gathering held within	sell lood	or heverage at a lair (or simila	r mass	D Y		Receipts from small purcha	ses bere,)	5 0.00
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				SUBTOT	AL Section	.1 (Town Gommittee	s ONLY) Total Receipts-	This Page	\$0.00
						тот	AL of additional Section	Li Pages	+ \$0.00
		TOTAL OF AL	L REC	EIPTS	FROM SEC	TION LI (Enter I	otal on Line 16a of Summ	ury Page)	, \$0.00
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		II. F	UNDRAI	ISING E	VENT	CACTIVITY		Page 8 of 17
NAME OF COMMITTEE							FILING DUE DATE	
Working I	Families Camp						01/11/2010	
Name of Purchaser Last Name	L2. Proceed	s from Ta	g Sale,	Auction	, or C	Other Sale of Do		T 4
(Individuals ()NI.Y)					Ľ		ersonal Check . Credit/Debit Card	
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(Individuals (INI, 1) Residential Servet Address	('iiy		State	Zip Code	L		ersonal Check C Credit/Dehn Card	Amount of Purchases
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Items Purchased								\$0.00
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Items Purchased			СТ			<u> </u>		
						بنين بين بين		\$0.00
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(Individuals ONLY)		rust			MI .		ersonal Check 🗢 Credit/Debit Card	
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						DARRET FOR	· · · · · · · · · · · · · · · · · · ·	
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	II. FUN	DRAISII	NG EVENT A	CTIVIT	,		Page 9 of 17
NAME OF COMMITTEE					FILING DUE D		
	Campaign Commit					91/11/201	O
L3. Purchases of A	dvertising in a F	rogram	Book (Munici			nmittees ONLY)	
Name of Purchaser					Date Received	Aggrepate Purchases for All Events	Amount of Purchase
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Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
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	II. FUNDRAISIN	g even	T ACTIVITY			Page 10 of 17
NAME OF COMMITTEE				FILING DUE		
Working Families Cam				<u> </u>	01/11/291	0
Name of Donor	In-Kind Donations N	ot Consi	dered Contribu	Donation	[] Individual	Fair Market
Street Address	TC any	State	Zip Code	given by:	O Business Entity	Value of Donation
		СТ	Zip' Cox	Väineksee ass	ue for this event \$0.00	\$0.00
Description of donation			Date Received	livent #		· ·
Name of Donor				Donation	ndividual Business Entity	Fair Market Value of Donation
Straes skilde ess	Cuty.	State	Zip Code	Apprepate val	ue for this event	\$ 0. <u>0</u> 0
Destription of desistion	<u> </u>	1. ••	Date Received	Event =	.00.00	
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Name of Denor				Denation given by:	C Business Entity	Fair Market Value of Donation
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Description of donation	l	СТ	Date Received	Event #	\$ U.00	
			·			
Name of Donor .				Dunation given by:	☐ Individual ☐ Dusiness Entity	Mil/Market Value of Donation
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Description of donation		'	Date Received	Event »		_
Name of Donor	,		·J	Donation given by:	Individual Business Entity	Fair Market Value of Donation
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		СТ			\$0.00	\$0.00
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Name of Danor				Donation given by:	C Individual Business Entity	Fair Market Value of Donation
Sweet Address	City	State	Zip Code	Vitaciane va	lue for this event	\$0.00
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			.]			
Name of Donor				Donation given by:	(?) Individual () Business Emity	Fair Market Value of Donation
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Name of Donor				Donation	C Business Entity	Fair Morket Value of Donation
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			TOTAL	uf addition	al Soction La Pages	\$0.00
TOTAL OF ALL IN-KIND DONATION	S NOT CONSIDERED CO	<u>NTRIBUT</u>	TONS (Enter total	<u>op Line 21 c</u>	of Summery Page)	\$0.00

				III. NO?	MONETARY	RECEIPTS				Page 11 of 17
NAME OF COMMIT	TEE					1.	FILING DUE D	ATE		
	Werking Far	nilies C	ampaign	Committee			<u> </u>	01/11	/2010	
				M. I	-Kind Contri	butions				
Name	· · · · · ·			 		Type of Contribut		·		Fair Market Value of this
Street Address		City:	-	State	Zap Code	Individ	itec Applicable only to 1	Referendum Comm	- 1	Contribution
Is contributor a lobbyit or dependent child of a		Yes Ņo	municipal	lity does contr	ess of \$400 to a cand ibuter or husiness he more than \$5,000?	idate committee for a she is associated with Yes	h have a contract	fficer of a with said		
Dain Riverbrud	Is this wentribution fundraising event	isted in	with a	☐ Yes	Consipsion of In-Lis			Appere cons	0.00	50.00
Name	·	(۱۹۱۳ الند				Type of Contribut	pr:			Fair Market Value of this
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ls contributor a lobbyi	Is this contributio	Yes No n associa listed in	municipe municipa ated with a	CT nution is in exc ality does control ality valued at	ess of \$400 to a can	Committee for system is associated with the committee for system is associated with the committee for	Applicable only to a chief executive in large a gament	officer of a with said		Contribution
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III. NO	MONETAR	RY RECEIPTS	· · · · · · · · · · · · · · · · · · ·	Page 12 of 17
NAME OF COMMITTEE			FILING DUE DATE	
Working Familiee Campaign Committee			01/11/	2010
O. Nim-Manetary Receip				
Legislative: Leadership, Legislative: Leadership, Legislative: Leadership, Legislative Courses, and Party Committee		Catalous, amul ii Name of Treasurer		
Siren Address			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Denations \$0.00	
Description of Donation			Perpose of Expenditure free trailing simulations C. A. C. B. C. C. D. C. E.	. \$0.00
Name of Committee (Legislative Leudership, Legislative Courses, and Party Committee	es (INI.T)	Name of Treasurer		
Street Address		<u> </u>	Date Notice Received	Fair Market Value
		· · · · · · · · · · · · · · · · · · ·		of Donation
City	State CT	Zip Code	Aggrepate Donations \$0.00	
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City .	State	Zip C'ode	Aggregate Donations \$0.00	
Description of Donation	·		Purpose of Expenditure (see lastructions)	\$0.00
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Street Address			Date Variet Registral	Fäir Market Value
				of Datation
City	State	Xip Code	Aggreyate Donations \$0.00	
Description of Donation			Purpose of Expenditure (ner lastructions)	\$0.00
Name of Committee (Legislative Lordership, Legislative Cancus, and Party Canadia	es (INLI)	Name of Treasurer	ment to a sect to to the E	
Street Address			Date Notice Received	Fair Market Value
Tilan.	TS	<u> </u>	Assessed Proceedings	of Direction
City	State CT	Zip Code	Aggregate Donations \$0.00	
Description of Donation			Purpose of Expenditure (see lastructions) LACBCCDDCE	\$0.00
Name of Committee (Lagistative Loadership, Logislative Caucus, and Party Committee	es (IN1.17)	Name of Treasurer	:	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations \$0.00	
Description of Datesian	·		Purpose of Expenditure (see Instructions)	\$0.00
Name of Committee (Legislative Leadership, Legislative Cascus, and Party Committee	nes (JNI.1)	Name of Treasurer		·
Street Address .			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Douglions	1
Description of Douation		· · · · · · · · ·	Purpose of Expenditure (see Instructions)	\$0.00
	· ————		CA G # CC CD DE	1
	Total Sec	tion O (Enter tot	ol on Line 24 of Summers Pagel	\$0.00

			IV. E	XPENDITURE	S		Page 13 of 17
NAME OF COMMITTEE						FILING DUE DATE	
Working Familie	es C	ampaign Commit				01/11/20	10
N. 40		P. E	xpense	s Paid by Con			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name of Payer Local Color Ventures		•			Ditte of Payment	Method of Payment	Amoust
Street Address 12 Massaco Street	City Sin	nsburv	State	Zip ('ede 06070	10/18/2009	€ Check # 1242 ☐ Debit Card	
Purpose of Expenditure (by case) PFIMT		ription				Event o	•
	<u> </u>	Candidates Name	<u> </u>	Office	Sauakt	☐ Supported	
Type of Expenditure (If applicable): [1] Coordinated with reimbursement sought	l	(If applicable)		C-1-10E	opuga.	Opposed	
C Coordinated without reimbursement sou	ght	Noel, Cotto, Stat	blings			Supported	J
O Organization (the Instructions)	~	ĺ					s 1,594.00
Name of Payor USPS Pastmaster	-: 2				Date of Payment	Method of Payment	Amoust
Sirect Address	Ciny		State	Zip Code	10/16/2009	E: Check # 1243	
Weston Street	Ha	rtford	СТ			Ci Debit Card	
Purpose of Expenditure (by code) POST	Dese	ription		•		Event #	
Type of Expenditure at applicable:	Щ	Cartidans) Name		Uffice	Xontys .	Supported	
Coordinated with reimbursement sought	l mba	(f) agplicable)				Opposed	
□ Independent	E m	Noel, Cotto, Sta	hlings				
Congunization (nec Instructions)	ΠE	ļ			•		s 420.58
Name of Magne Amy Donovan		<u> </u>	=1	——————————————————————————————————————	Date of Payment	Method of Payment	Amount
Street Affires	City		State CT	Zip Cade	10/16/2009	iiii Check # 1244	
Purpose of Expenditure (by code) TRV	lesc	ription			L	Evens »	1
	<u> </u>	Mileage rei		nent, personal ve	South	Supported	Ì
Type of Espenditure (If applicable): Coordinated with reimbursement sought	ı	(Tapplicable)				Opposed	ļ
Coordinated without reimbursement sou Independent	ight	Tim Q'Brien					
Organization (see Instructions)	:	1 .					s 108.45
Name: of Payer Commence Commen	1.1 2	31			Date of Payment	Method of Payment	Amount
Cifizen Services, Inc.	TCity		Stati	1Zio Code	10/20/2009	in Check # 1245	
30 Arbor Street		rtford	СТ	06106		L. Debit Card	İ
Purpose of Expenditure (by code) CNSLT	Desc	ription				Event 9]
Type of Expenditure of anotherists:	٠	Candidate(s) Name		Office	Sought	☐ Supported	1
Coordinated with reimbursement sough Coordinated without reimbursement sou	l mbs	(if applicable)		•		Opposed	1
D Independent D Organization (see Instructions)		Tim O'Brien				Supported	
CA C. B. C. C. D.	<u>C.</u> €	_					s 900.00
Name of Payer Chilgen Services, Inc.		•			Date of Payment	Method of Payment	Amount
Street Address	City		State	Zip ('ode	10/20/2009	@ Check # 1246	
30 Arber Street		rition d	СТ	06106	L	Event A	ł
(by code) CNSLT]
Type of Expenditure (if applicable): Coordinated with reimbornement sough		Candidate(1) Name (If applicable)		()Mice	South	Supported Opposed	1
O Coordinated without reimbursement sou		Maria Pereira				Supported	
O Independent Organization from Instructions)		Dougla Dariela				Supported	s 4.800.00
CA GB CC CD	ľ, E						
					SU	BTOTAL Section P-This Page	\$7,623.03
					TOTAL	of additional Section P Pages	\$23,827.22
70	TAR	OF ALL TYPEN	CEC PA	D BY COMMIT	TEE /Futer tel	of on I inc 10 of Summers Pens)	\$31,450,25

	•		XPENDITI P. Addition				
NAME OF COMMITTEE					FILING DUE DATE		
Worlding Families Carepaign Comm	niltee		·		01/1	1/2010	<u> </u>
<u> </u>		P. Expense	es Paid by C	ommittee		٠	
Name of Payee USPS Postmaster				Date of Payment	Method of Payment		Amount
Street Address Weston Street	City: Hartford	State CT	Zip Code	10/23/2009	Ci Debit Card		
Purpose of Expenditure (by male) POST	Description .		_		Evegs #		
Type of Expenditure (if applicable): Coordinated with reimbursement sought C: Coordinated without reimbursement sou			Of	lice Sought	Supported Opposed		
C Independent © Organization (see Instructions) ® A C B C C C D -	Baraka				Supported Supported	s	533.20
Name of Paver	F4 6 1			Date of Payment	Method of Payment		Amount
USPS Pastmester	129a.	leans.	191-6-4-	⊣ `	E: Check # 1246		
Westen Sireot	City: Hartford	State	Zip Code	10/27/2009	C Debit Card	Į	
Purpose of Expenditure (by code) POST	Description		<u>'</u>		Event #		
Type of linguistificate (l'applicable):	Condidate(s (V applicab		Of	Tice Sought	□ Supported □ Opposed		
Coomlinated without reimbursement sou Independent Corganization (nor Instructions)	Noel, Con	o, Stahiings				s	420.58
Name of Rayes	C E			Date of Payment	Method of Payment	ᆤ	
LISPS Postmaster				. Date of Payment			Amount
Street Addings Weston Street	City Hartford	State CT	Zip (°ode	10/28/200			
Purpose of Expressioner (by code) POST	Description			•	Event #		
Type of Expenditure (/ applicable):			O	Sec Sought	Supported Opposed		•
Coordinated without reimbursement soul Improvedent Organization (see Instructions)	Darage .				Supported		
MA CB SC On	O g Pereira				Supported	s	360.23
Name of Payer USPS Postranstar				Date of Payment	Method of Payment		Assount
Street Address Weston Street	City Hartford	State	Zip Code	10/28/2009	語 Check が 1250 日 Debit Card]	
Purpose of Expenditure	Description	1 01	ل		Even #	_	
(by code) POST	Candidated	s) Name		Mcc South	Supported		
Type of Expenditure (if qualitatie):	(l/ applical		•		Opposed	l	
Coordinated without reimbursement sou	reht Noel, Cott	o, Stahlings			Supported	ı	•
GACBCCD	PE					S	449,14
Name of Payer USPS Postmaster		•		Date of Physical	Method of Payment	ŀ	Amount
Sveci Address Westorn Street	City Hartford	State CT	Zip Code	10/29/2009	<u> </u>		
Purpose of Experiments (by code) POST	Description				Event *		
Type of Expenditure (f applicable): Coordinated with reimbursement sough		Me)	()	ffice Sought	Supported Opposed		
C Coordinated without reimbattement act	^{ignt} Tim O'Brie	n and slate			Supported		
C Organization (ser Instructions)	-					5	323.84
				· su	BTOTAL Section P-This P	age	\$2,086.99
.					Page	0	of O

	9		XPENDITUP. Addition			
NAME OF COMMITTEE					FILING DUE DATE	
Working Farailles Campaign Comm	nittee					1/2010
	D 1	Funca-	es Paid by Co			<u> </u>
Name of Payee	F. I	CXDens	es raid by Ci	Date of Payment	Method of Payment	Amount
Local Color ventures					1	
Smet Address 12 Massaco Street	City Simsbury	State	Zip Code 06070	10/29/2009	C Check # 1252] .
Purpose of Exadidature	Description .	01	1 000/0		Event #	 . !
(by code) PRNT						
Type of Expenditure (If applicable):	('unitenes) Neme (if applicable)		Off	ier Soughs	Supported Opposed	
C Coordinated without reimbursement sou	Baraka, Pesnin	1			Supported	1
C Independent C Organization (see Instructions)					Ouppoint	
គ្នាសាខ្លួក គ្នាស្ថិត ស្រុក សុខាធិក្សា សុខា	Ci z					s 965.00
Name of Toyor Lond Color Ventume		_		Date of Payment	Method of Payment	Amount
Street Address .	City	State	Zip Code		@ Check # 1253	1
12 Massaco Street	Simsbury	СТ	06070	10/29/2009		
(by cade) PRNT	Description				Event d	1
Type of Expanditure (9) applicable):	Candidate(s) Name		Off	ios Soscht	Supported	
Coordinated with mimbursement sought		•			Opposed	
☐ Independent	Noel, Cotto, Str	ehlings			Supported	
(F) Geganization tree Instructions)	n =					s 1,084.00
Name of them				Date of Payment	· Method of Payment	Amount
Local Color Ventures	LOI.	10	Zip Code	_	Fi Check # 1254	
12 Massaco Street	City Simsbury	State	06070	10/29/200		
Purpose of Expenditure (by code) PRINT	Description				Even •	
	Candidate(s) Nam		Of	lipe Sought	Supported	⊣ i
Type of Espanditure (If applicable): Description of the Communication o	(Q'applicable)	=			Opposed	
☐ Coordinated without reimbursement sou ☐ Independent	^{ught} Noel, Cotto, St	shlings			Supported	
(Organization (the Instructions)	1					s 880.00
Name of Payer	DE			Date of Payment	Method of Payment	Amount
Local Color Ventures					1	
Street Address 12 Massaco Street	Simsbury	State	Zip ('ode 06070	10/29/2009	© Check # 1255 ☐ Debit Card	
Purpose of Expenditure	Description	1 01	1 000/0	 .	Event #	
(by code) PRNT						
Type of Expenditure (if applicable): C) Coordinated with reimbursement sough	(Yapplicable)	•	Of	fice Sought	Supported Opposed	
Coordinated without reimbursement sor	Baraka, Perein	3			Supported	
☐ Indeputelent ☐ Organization (see Instructions)						s 825.00
MA CB DC CD	បា ខ					
Name of Payer Lipcal Color Ventures			•	Date of Payment	Method of Payment	Amount
Street Addition	(19)	State	Zip Code	10/29/2009	Check # 1256	1
12 Managero Street	Simpoury Description	СТ	06070	10/25/2008	C; Debit Card	
(ph cope) bElikin	Percentage .				Evall *	
Type of Expenditure (optionis:	Candidate(s) Nam (U applicaMa)	•	Of	lice Sought	Supported	
C Coordinated with reimbursement sough C Coordinated without reimbursement sou		4 -1-4-				l
☐ Independent	Tim O'Brien and	D SIBIO			Supported	
© Organization (see fautrections)						s 1,040.00
				2112	BTOTAL Section P-This P	\$4,794.00
				30		

	S		XPENDIT		· · · · · · · · · · · · · · · · · · ·	
NAME OF COMMITTEE				mett a mgc	FILING DUE DATE	-:
Working Familles Campaign Comm	nittee			_	01/11/2	010
	. P. 1	Expense	s Paid by	Committee	•	
Name of Payer Terrence Williams				Date of Payment	Method of Payment	Amount
Sweet Addiess 1810 Stratford Ave.	City Bridgeport	State CT	Zip Code 06607	10/30/2009	9 E. Check # 1257	
Purpose of Expenditure (by code) Wage	Descriptilia				Event #	
Type of Expenditure (if applicable): C. Coordinated with reimbursement sought C Coordinated without reimbursement sou C Independent C Organization (See Instructions)	Pereira, Bounta			Office Sought	☐ Supported ☐ Opposed	s 75.00
Name of Payer Tracy Carouthers				Date of Payment	Method of Payment	Amount
Street Address 535 Gregory Street Purpose of Expanditure (by code) Wage	City Bridgeport Description	State CT	Zip (ode	11/02/200	9 E' Check # 1258 E' Debit Card	-
Type of Expanditure (If gaptituble): Coordinated with reimbursement sought Coordinated without reimbursement sou Independent Corganization (see Instructions) CIAC BCC FD	Pereira			Office Saught	☐ Opposed	s 100.00
Name of Degree Shannon Eckes				Date of Payment	Method of Payment	Amount
Street Address 166 West Liberty Street	Ciny Bridgeport	State CT	Zip Code	11/02/200		
Purpose of Functioner (by code) Wage	Description	•			Event #	
Type of Espenditure (If applicable): Coordinated with reimbursement sough Coordinated without reimbursement sou Coordinated without reimbursement sou Condependent Coordinated (the Instructions)	Pereiza			Office Sought	☐ Supported ☐ Opposed	s 100.00
Name of Files				Date of Payment	Method of Payment	Amount
Servet Address 166 West Liberty Street Purpose of Expenditure	Bridgeport Description	State CT	Zip (*ode	11/02/200	9 Event #	1
(by code) Wage						_}
Type of Expenditure (If ag: dicable) Coordinated with reimbursement sough Coordinated without reimbursement sou Distribution Coordinated Distribution Coordinate Coo	Pereira			Office Sought	☐ Supported ☐ Opposed .	s 100.00
Name of Payee Mighael Rivera	 			Date of Payment	Method of Payment	Amount
Sirect Address 2669 Makin Street	City Britigeport	State CT	Zip Code	11/02/200		
Purpose of Experience (by code) Wage	Description		-	•	Event #	
Type of Expenditure (If applicable): Coordinated with reimbursement sough Coordinated without reimbursement sou Independent Corganization (see Instructions)		•		Office Sought	Supported Opposed	a 100.00
				<u>e</u> 1	BTOTAL Section P-This Page	\$475.00
			-			- 0

		—	XPEND P. Addit					
Section P. Additional Page NAME OF COMMITTEE FILING DUE DATE								
Worlding Familles Campaign Comm	vittee					01/11	/2010	
	P.	Expens	es Paid b	y Com	mittee			•
Name of Payer George Mintz				·	Duc of Payment	Method of Payment	1.	Amount
	City	State	Zip Code	<u> </u>	4.499.599	E: Check # 1263	-	
86 Ridgebrook Drive	Bridgeport		<u> </u>		11/02/2009	E3 DUM COID	_	
(ph. coge) Mains	Description					Event #	ł	
Type of Expenditure (ff applicable): Coordinated with reimbursement sought C Coordinated without reimbursement sough C Independent C Organisation (see lastweetions) D A D B D C D D	Pereira Pereira	ic .		Office		☐ Supported ☐ Opposed	s	100.00
Name of Paper		.= -			Date of Payment	Method of Payment	\top	Amount
Street Address 231 Linerood Ave. Purpose of Expenditure (by code) Wingo	City Bridgeport Description	State	Zip Code		11/02/2009	©! Check # 1264 C! Debit Card		
Type of Expanditume (graphicable): Constinuted with reimbursement sought Constinuted without reimbursement sought Confined without reimbursement sought Congenization time fastructions) CA C B C C D	Pereira Pereira	ne .		Office	Sougha	☐ Supported ☐ Opposed	s	100.00
Name of Page Joshua Bernard					Date of Payment	Method of Payment		Amount
Strict Address 2100 Park Ave. Purpose of Expredient	City Bridgeport	State: CT	Zip Code		11/02/200	9 Fi Check # 1265	_	
(ph enge) Mails Labors of Kalamanah	Description				•	Even		
Type of Expenditure (If applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou Classpentient Corganization (see Instructions)	Pereira	ne:		Office	Sowykt	☐ Supported ☐ Opposed	s	100.00
Name of Payee Odes Hart					Date of Payment	Method of Payment		Amount
Street Address 87 Clark Street	Chy West Haven	State	Zip Code		11/02/2009	© Check # 1267 © Debit Card		•
Purpose of Expenditure (by code) Wage	Description					Event #	\neg	
Type of Expenditure is applicable): C Coordinated with reimbursement sough C Coordinated without reimbursement sough C Independent C Organization (see Instructions)	Pereira	ne		Office	Sought	Supported Opposed		100.00
Name of Payer	L' E				Date of Payment	Method of Payment	+	Amount
Vanessa Williams		State	Zip ('ode					
262 Theoline Street	City: Bridgeport	CT	Zip (dec		11/02/2009	C: Debit Card	_	
(ph coge) Made	Description					livem 0	ł	
Type of Expenditure (if applicable): C Coordinated with reimbursement sought C Coordinated without reimbursement sou D ladepowdent C Organization (see Instructions)		ne		Office	Sought	☐ Supported ☐ Opposed		100.00
<u> </u>	-							
-					SU	BT()TAL Section P-This Pa	ge	\$500.00

	S		XPENDIT					
NAME OF COMMITTEE						FILING DUE DATE		
Warieng Families Campaign Comm	nittee					01/114	010	
	P. 1	Expens	es Paid by	Com	nittee			
Name of Payor Avis Mendez					nc of Payment	Method of Payment	T	Amount
Street Aldress 469 Gregory Street	City Bridgeport	State	Zip Code	\exists	11/02/2009	E Check # 12@g		
Purpole of Expenditure (by code) Wage	Description	<u> </u>				Event #	1	
Type of Expenditure of applicable: Coordinated with neimbursement sought Coordinated without reimbursement sou C lodependent C Organization (see Instructions) D A D B D C D D	Sht Periera			Office So	ught	Supported Opposed	s	100.00
Name of Payer Michael Christian				D	ate of Payment	Method of Payment	╁	Amount
Sires Address 50 Word Avenue	City Bridgeport	State	Zip Code	\dashv	11/02/2009	© Check # 1270 C: Debit Card		
Purpose of Expenditure (by code) Wage	Description					Event -	1	
Type of Expenditure (# syntheshle): Coardinated with reimbursement sought Coardinated without reimbursement sou Coardinated Independent Coardination (not instructions)	Periera	:		Office So	ught	IS Supported Opposed		100.00
Manne of Pages	Ē		•	In	ate of Payment	Method of Payment	S .	Amount
Kendra Green					est of Payment	©: Check # 1271	İ	Vandant .
Street Address 552 Allantic Street Purpose of Expredimer	City Bridgeport Description	State	Zip Code		11/02/2009		4	
(hy code) Wage					·			
Type of Expenditure (if applicable): Coordinated with reimburnement sough Coordinated without reimburnement sou Cindependent Corganization (see lastructions)	Perlera		. '	Office Sc	Higue	☐ Supported ☐ Opposed	s	100.00
CA CB CC CD Name of Payor Resonant Johnson	O E		<u></u>		hete of Payment	Method of Payment	+-	Amount
Street Address 139 Smertnern Street Purpose of Estimative (by code) Wage	City Bridgeport Description	State · CT	Zip Code		11/04/2009	© Check # 1272 □ Debit Card Event #		
Type of Expenditure (if qualification): Cl Coordinated with reimbursement sough Coordinated without reimbursement sou Cl Independent Cl Organization (see leastractions) Cl A Cl S Cl C D	Periera	e		Office S	Daght	Supported Opposed	-	100.00
Name of Payer Chammas Services, Inc.	· · · · · · · · · · · · · · · · · · ·			C	Pate of Payment	Method of Payment	T	Amount
Street Addition 30 Arbor Street	City Hartford	State	Zip Cude 06106		11/09/2009	~ D== 0==		
Purpose of Expenditure (by code) CNSLT	Description					Event b	1	
Type of Expenditure (if applicable): C. Coordinated with reimbursement sough C: Coordinated without reimbursement see C: Independent C: Organization (see Instructions).		-		Office \$	ought	Supported Supported	3	2,000.00
					<u> </u>	BTOTAL Section P-This Page	Ť	\$2,400.00
	· · · · · · · · · · · · · · · · · · ·	-				DIVIAL SECTION F-1 IIIB F32	ــــــــــــــــــــــــــــــــــــــ	0

	S		XPENDIT				
NAME OF COMMITTEE					FILING DUE DATE		
Worlding Families Campaign Comm	ni ttee				01/11/	2010	
· ·	P. 1	Expens	es Paid by C	ommittee			
Name of Payer Citizens Services, Inc.				Date of Payment	Method of Payment	T	Amount
Street ABGess 30 Arbor Street	City Hartford	State CT	Zip Code 06106	11/09/2009	Ci Check # 1276		
Purpose of Elipendinure (by code) CNSLT	Description		1 30.00		Event A	7	
Type of Expensiture (If applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou Independent Cognituation (the Intersections)							7,700.00
Name of Figure .	Lii E L			Date of Payment	Method of Payment	╬	Amount
Jerry's Pizza Street Address 635 South Main Street	City Middletown	State CT	Zip ('ode	11/18/2009	€ Check # 1278		•
Purpose of Expenditure (by code) FQQD	Description	<u> </u>			Even: *	-	
Type of Exim militure (if applicable): Cardinated with animbursement sought Constinuted without reimbursement sou C Independent P: Organization (see Approximations)			Ol	Tice Soughs	Supported Opposed		
CIA CIB CIC CIQ	∩ E		· · · · · · · · · · · · · · · · · · ·	Date of Payment	Method of Payment	5	57.60
Citizens Services, Inc.						1	Vinoant
Street Allifreer 30 Arbor Street Purpose of Freewalthere	City Hartford Description	State	Zip Code 08108	11/19/2000	9 Check # 1279 Debit Card		
(by ender CNSLT						_]	
Type of Expenditure (ly applicable): Classificated with reimbursement sough Classificated without reimbursement sou Classificated without reimbursement sou Classifications (See (astructions)	aght		a	Mee Sought	☐ Supported ☐ Opposed	s	3.225.00
Name of Payer	Ü E			Date of Payment	Thirthed of thursday	4	
Ottizans Services, Irie.				Date of Labracia	Method of Payment	-	Amount
Street Agental 30 Arbor Street Purpose of Expenditure (by code) CNSLT	Hartford Description	State CT	Zip (*ode 06106	12/03/2009	Check # 1280 Debut Card	-	
Type of Expenditure (If applicable): Coordinated with reimbursement sough Coordinated without reimbursement sou If Indept.neisst Corganization (see Enstructions) Coordinated without reimbursement sough Coordinated without reimbursement sough Coordinated without reimbursement sough	aght.		Ō	ffice Sought	☐ Supported ☐ Opposed	5	1,500.00
Name of Payee Citizens Services, Inc.				Date of Payment	Method of Payment		Amount
Servet Address 30 Ariser Sirvetit Purpose of Expensional	Cley Hamford Description	Sible	Zip Cods 06106	12/17/2009	C: Debit Card	4	
(by code) CMSLT						╛	
Type of Expenditure (f applicable): Coordinated with reimbursement sough Coordinated without reimbursement sou D ladepundent Corganisation (nea lastructions)			O	ffice Scught	□ Supported □ Opposed	s	1,000.00
				nis.	BTOTAL Section P-This Page	T	\$12,482.60
					Page 0		or 0

				XPENDI				·		
NAME OF GOLDANT		<u>S</u>	ection	P. Additi	onal		F-1. 45.			
NAME OF COMMITTEE Worlding Families Campaign Comm	niltee			·· ·			FILING	G DUE DATE 01/11/20	10	
		P. 1	Expens	es Paid by	Com	mittee		•		
Name of Payer Bank of America						Date of Payment	М	lethod of Payment		Amount
Street Additions	City:		State	Zip Code		10/30/2009		C: Check #		
Purpose of Elistenditure (by code) BNK	Descript	Monthly ch	eck encl	osure fee (C	Oct, No	ov) \$5 <i>J</i> mo.	E	vent #		
Type of Expenditure (If applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou Cintependent Corganization (nee intervetions) CARRES COR	ight i	Candidates:) Name (If applicable)			Office	Soughi		☐ Supported ☐ Opposed	S	10.00
Name of Payer Bank of America						Date of Payment	M	lethod of Payment		Amount
Street Address	City		State CT	Zip ('ode		11/09/2009		C: Check #		
Purpose of Expenditure (by code) BMK	Descripe	Stop paym	ent fee (ck#1129			E	vent #		
Type of Expenditure (y applicatio): Condinated with reimbursement sough C Capalinated without reimbursement sou Independent C Organization (see Instructions) C) A C B C/C C D	.ght	Candidate(s) Name (lf applicatio)			Office	Sought		☑\$upported ☐ Opposed	s	30.00
Name of Payer Click n Pledge						Date of Payment		dethod of Payment	_	Amount
Servit Address	City		State	Zip Code		11/20/2009		(i) Check # (c) Debit Card		
Purpose of Fapendinuse (by code) WEB	Descript	Fees for or		nation servi	ice	-	7	Event è		
Tyes: of Espanditure (If applicable): Coordinated with reimbursement sough Coordinated without reimbursement sou Cladependent Corganization (see Instructions)	ught	('andidate(s) Name (If applicable)	•		Office	Sought		Supported Opposed	s	48.63
Name of Payer	UE				-	Date of Payment	I	Method of Payment	H	Amount
Street Addition	City		State	Zip (*ode	·		·	Check #		
Purpose of Expenditure (by code)	Descript	tion	1			L	1	Event #		
Type of Expenditure (If applicable): Coordinated with reimbursement sough Coordinated without reimbursement sou Coordinated without reimbursement so Clindependent Clindependent Clindependent Clindependent	ught	Candidate(s) Nam (ly applicable)			Office	Sought		Supported Opposed	s	0.00
Name of Payer	1. E					Date of Payment	T	Method of Payment	H	Amount
Street Address	City		State	Zip Code				Check #		
Purpose of Ekpenditlare (by code)	Descript	tien	<u> CT</u>	<u></u>		L		iveal #	1	
Type of Expenditure (if applicable): Coordinated with reimbursement sough Coordinated without reimbursement so Independent Organization (see Instructions)		Candidate(s) Nam (if applicable)	•	, ,	Office	Sought .	. L	☐Supported ☐Opposed		0.00
	-					<u> </u>			ľ	
						SUI	втот	AL Section P-This Page	<u> </u>	\$88.63
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IV. EXPENDITURES Page							
NAME OF COMMITTEE FILING DUE DATE.							
Working Families Campaign Committee 01/11/2010							
Q. Campaign Expenses Paid by Candidate Name of Payer (Name of Fondor who condidate paid directly) Date of Payment La Reimburgement Claimed! A							
_					Is Reimbursement Claimed!	A mount	
Street Address	K*ity	Suite CT	Zip Code		☐ Yes ☐ No	\$0.00	
Purpose of Expenditure (by code)	Description	·	r	<u></u>	Event •		
Neves of Payer (Name of Vander who candidate	pold direct(r)			Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address	City .	State	Zip Code	7	☐ Yes	\$7.50	
Purpose of Expendium	Description	CT	<u></u>		Event =	V 5.155	
(by code)							
Name of Payer (Name of Fandur who candidate	pold directly)			Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address	C,u).	State	Zip Code		€ Yes € No	\$0.00	
Purpose of Expenditure	Description	1 01	<u> </u>		Event *		
(by code)							
Name of Payer (Name of Vendor who candidate	pold directly)			Date of Payment	Is Reimburgement Claimed?	Vinoni	
Smort Add riss	C'ity	Store	Zip ('ode		C. Yes O No	\$0.00	
Purpose of Expenditure	Description	СТ	<u> </u>		Even -	40.00	
(by code)	·						
Name of Payee (Name of Vendor who candidate	pald directly)			Date of Payment	is Reimbursement Claimed?	Amount	
Street Address	Cuò.	State	Zip Code		C: Yes	\$0.00	
Purpose of Expenditure	Description	СТ	L		Event #	50.55	
(by code)							
Name of Bryon (Name of 1 citeder who camildate	paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount	
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Furnose of Expenditure	Description	СТ	<u> </u>		Event #	33.33	
(by code)							
Name of Payer (Name of 1-endor who candidate	pold directly)			Date of Payment	Is Reimbursement Claimed!	Amount	
Street Address	Cuy.	State	Zip Code	_	∏ Ys C No	\$0.00	
Purpose of Expenditure	Description	СТ	1		Event #		
(by code)					i		
Name of Payer (Name of 1 endor who condidate	paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address	City	State	Zip Code		C: Yes C: No	\$0.00	
Purpose of Expendence (by code)	Description	CT	<u>. </u>		Event #	30.00	
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Street Address	Cuty	State	Zip Code	7	Ci Yes	\$0.00	
Purpose of Expenditure	Description	СТ	<u> </u>		Event a	40.00	
(by code)							
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TOTAL of additional Section Q Pages							
1	OTAL OF ALL EXP	ENSES P	AID BY CAN	DIDATE (Enter tol	al on Line 26 of Summery Page)	\$0.00	
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		IV. EXPENDITUR	RES		Page 15 of 17			
NAME OF COMMITTEE : FILING DUE DATE								
Working Families Campaign Committee 01/11/20								
	R. Expenses la	neurred on Comm		والمتعدد والمرابط المستول والمستوال والمستوال والمستوال والمستوال والمستوال والمستوال والمستوال والمستوال والم				
Name of lessing Institution			Type of Credit					
			☐ Visa ☐ Other _	☐ Mast= Card ☐ Discover ☐ A	merican Express			
Name of Vendor		,, ,, , , , , , , , , , , , , , , , , 	:.· \/URCT	Date of Tringaction	Amount			
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		CT	hub p'ang		\$0.00			
Purpose of Elipenditure (by code)	Description			Event #	30.00			
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		CT.			\$0.00			
Purpose of Expenditure (by aude)	Description		· P· , · · · (du)	livent#				
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),	CT			£0.00			
Purpose of Expenditure (by code)	Description		<u> </u>	Event #	\$0.00			
Name of Vendor				Date of Transaction	Amount			
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, ,	Cley	CT	Zip Code		\$0.00			
Purpose of Expenditure (by code)	Description			Event #				
Name of Vendor				Dute of Transaction	Amount			
Steets Address	C'iny	State	Zip ('odr					
Purpose of Espanditure	Description	СТ	_L	Event P	\$0.00			
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			IV. EXPE	NDITUR	ES	,	Page 16 of 17
NAME OF COMMITTEE						FILING DUE DATE	
Working	Families (Campaign C	committee			01/11/201	10
	S. Expe	ases Incu:	red by Committe	e but N		ng this Period	
Name of Creditor Total Graphic Se	olutions .				(Ante Incurred	10/28/2009	Amount Incurred (Estimate or Actual)
Street Address 111 Brookside Ro	Road				Event #		
City Many Points		State	Zip Code	Candidate(s)	Name (If applicable)	Office Sought	
New Britain	•	CT	06052	Baraka,	Periera.	·	
Purpose of Expenditure (by code) PRNT Description		Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sough I Independent			etto, Stallings		\$742.00
Pelm cards	☐ Ong	Mization (see)	Marroutlens) [i] (:	Supported Copposed	:d :		3 7 42.00
Name of Creditor Citizens Service					Date Interval	11/19/2009	Amount Incurred (Enlante or Actual)
Street Address 30 Arbor Street					livent #		
City		State	Zip Code	C'andidate) s	Name (if applicable	Office Sought	
Hartford		СТ	06106	Noel, Co	otto, Stallings		
Purpose of Expenditure (by ende) CNSLT	Type of C Coo	Expenditure (1) rdinated with r rdinated witho	<i>applicable</i>); eimbursemeht sought ut reimbursemant sought				
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Name of Creditor			1	4	Date Incorred		Amount Incurrer
Street Address					Even /		
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Purpose of Expenditure (by code)	Cne	Expenditure (f) rdinated with a	applicable): cimbursement sought ut reimhursement sought			•	
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Name of Creditor		IL'A GED	C.C. C.D.C.E.		Date incurred		Amount Incurre
Street Address			التساك بالرسوي والسدوي	<u>-</u>	Event #		
City		State	Zip Code	Candidate(s) Nume (If applicable	Ciffice Sought	
Purpose of Expenditure	· · · · · · · ·	СТ	<u> </u>	4	•		ŀ
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		IV. EXPER	NDITUR	ES			Page 17 of 17		
NAME OF COMMITTEE					PILING	DUE DATE			
Working Families Campaign Committee 01/11/2010									
T. Itemizati	on of Reim	bursements to	Commit	tee W	orkers and C	onsultants			
Last Name of Worker Consultant	Fignal	M		Date of Payment Method of Payment			MI Date of Personni		Amount
Secondary Payee				Purpos (by cod	e of Expenditure le)	€ Check #			
Street Address		City			State	Zip Code			
		<u> </u>			СТ	<u> </u>			
Description									
Type of Expenditure (f applicable): L: Coordinated with reimbursement sought C: Coordinated without reimbursement sought L: Independent	Candidates (if applical		-	Office	Sought	::Supported ::JOpposed			
CA CIB CA CID D. C. E.		_					9 . \$0.00		
Last Name of Worker/Consultant	First		MI	Date o	(Peyment	Method of Payment	Amount		
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CODED PURPOSES FOR EXPENDITURES

(For use with Sections P, Q, R, S, & T of the SEEC Form 20)

(Note: Asterish adjacent to the left of per Emperaliture Code indicates that Description Field is Manufactory)

(Warning: The existence of a particular expenditure code does not mean that such expenditure is knoful. To deternanc lawfulness, treasurers wast med the gaugestee guide applicable to their type of committee.)

Advertising – Each expenditure code beginning with "A-" is to be used to identify the delivery method for paid advertising, which includes advertising to solicit committee funds. Include the costs for bath the development and the delivery of the message. A payment to a professional consultant to develop a message should be coded to the main advertising delivery method below. not as Professional Consultant (CNSLT), which is a code that should only be used when no other expenditure code applies. If a single advertising message is developed for several of the delivery mechanisms listed befow, use A-OTH for the cost of developing the successes and than use the applicable under for the payments assists as with the several delivery methods used. Note: The one assists to this advertising rule is when determining summit instacts, as part of the manage, as invitation to individuals to attend a familializing event in semantial account instance for. Finalizating found afternising must be paid of FMDR (see contant that below) irrespective of the advertising delivery method.

A-DM-ragisaditure to advertise through threat mail.

A-MAG-expenditure to advertise through a magazine.

A-NEWS -expenditure to advertise through a newspaper.

A-ATM - expenditure to advertise using an automated telephone/fax message, or an automated telemarketing message.

A-PH-BNK-expenditure for the use of phrase banks, where people are speaking as distinguished from pre-recorded messages (above) and polis and surveys (below).

A-RAD -exponitions to intractine on matte.

A-SIGN-expandition for the cost of paraming, princing, and ducing an distributing lumn or hillbared rights withble from any states or highway.

A-TV-expenditure in advertise on television.

A-WEB -expenditure to advertise on the World Wide Web. This includes Webcasting (sending <u>audio</u> and/or <u>yiden</u> live over the <u>Interpret</u>), or any other form of advertising on the web. See WEB for other web related expenditures.

A-OTH—any expenditure for any other advertising, not listed above, like the cost of (a) posters, stickers, streamers, banners, etc. for distribution on or in buildings or vehicles (i.e. cars. buses, boats, aircraft, etc.); (b) campaign paraphernalia, such as pins, hats, potholders, tee shirts and other campaign giveaway items; (c) audio messages and the cost of transmitting them by speakers from vehicles or buildings; (d) ad placed in at books for functaining them a beid by saiter somminous.

*ATT – expansions: for attenuous for or cap passes to a (1) feminates hald by one manuface; (3) as inaugural assent of any cashidate; (3) a charitable event; (4) as admentional source or training saminar; etc. In the lext box of the Reservitibas Field, which is manufactory under this expensional category, identify the name and address of the individual who is attending the event as well as the date and location of the event and the name of the sponsoring committee or entity sponsoring the event.

BNK - expenditure to record any payment of BANK fees, interest charges, or penalties assessed by the bank on the committee's checking account only. Similar fees assessed by a credit card company should be listed under credit card charges in Sec. R of the Form 20, entitled "Expenses Incurred on Committee Credit Card".

CCP - expenditure to record any payment of the Credit Card bill, ideleding partial payments, finance charges, and mid-cycle payments.

See Sec. R of the Form 20, entitled "Expenses Incorrect on Committee Circlet Card", to record actual charges made against the credit card against including any finance charges.

CEF - expanditum to recent my guymant to the State of Communicat's Citizens Election Fund ("CEF"). Charms should be sende payable to the Citizens' Election Fund and next to the State Elections Enforcement Commission, 20 Trinity Street, Hartford, CT 06106. This expenditume code does not apply to the SIRPLS (Surplus Distribution) expenditure code explained below.

CHAR - expenditure for a payment of committee funds to a tax-exempt charitable organization (26 U.S. Coda 501(c)(3)).

CNSLT — expenditures to a professional consultant. Professional consultants are individuals or entities that are paid by the committee as independent contractors for their professional advice. They are not salaried employees and they are not individuals who are serving the committee as volunteers. Examples: management firms, public relations firms, lawyers and accountants, etc. However, for payments to professional consultants who design polls and serveys, or advertising messages, as the more specific code (ex. A-DM, A-UTFIR, POLLS). If the payment to a professional consultant includes costs paid or interested to some allier waster, following consultation of the entry of the interested to some allier waster. Following consultation of the entry of the interested to some allier waster. Following consultation.

CNTRII- ungenditures that are contributions to mather generalities. The expenditure of a committee's duris to make a contribution to another committee is to be distinguished from an expenditure of committee funds to pay the other committee (POC) for shared expenses or fair market value of goods or services provided to the committee by another committee acting as a vendor. See explanation of POC below.

*EFV - expenditures for equipment, furniture, and vehicles. Record only the portion of the cost that is actually paid. Cost includes any costs associated with the delivery or installation of the item. Equipment includes computers, printers, phones, etc. The text box of the Description Field, which is manufactory in this situation, must list the item, and whether the expenditure is a purchase, rental or lease. Note: Vehicles summer only be forest and may not be purchased.

FOOD - remainditures publi differency as a resider for fixed and homogon, ancept if the wonder is publified the seministic with the committee; grown appearant fluid to fixed for FNDB below; or the seministic own appearant imaginal event (our INAUG below.)

CODED PURPOSES FOR EXPENDITURES (For use with Sections P, Q, R, S, & T of the SEEC Form 20)

(Note: Asterials * adjacent to july left of un Empressione Code indicates that Day priyeign Fifth is Managatory)

(Warning: The existence of a particular expenditure code does not mean that such expenditure is lawful. To determine lawfulness, trensurers must read the committee gains applicable to their type of committee.)

- *FNDR expenditures associated with holding a committee fundraising event (i.e. payments to restaurants, hotels, caterers, food and beverage vendors, invitations, entertainers performing at the event, paid speakers, etc.) Advertising content that includes as part of the message invitations to individuals to attend a committee fundraising event in return for a contribution or attendance fee must. however, be coded FNDR irrespective of the advertising thelivery method. Note: This expenditure category must not include expensions of the committee's funds for the ATT (Attendance less) of any persons attending any other committee's fundralsing evel#.
- *GIFT remaind the punchase of may been than in to be given as a gift to any intimidant on autity. Offic to committee workers are firmined to an aggregate of \$100 per recipient. The text box of the Description Field, which is mandatory in this situation, must identify the item purchased as well as the more and address of the individual or guidity who is the emissions of the commissee's gift.
- INAUG expenditures relating to the enormittee's casts for hosting an inaugural event for the cammittee's awa candidate. This cade does not include expenditures by the committee for anoughnee fees of individuals to enother committee's insugural event, which must be coded as ATT-Attendance fee (see above).
- LOAN expenditures to record the payment of committee's LOAN, whether principal, interest or both. (Note: Any penalties assessed for non-payment on a lean, if not paid by the payment due fine, must be filtelesed as additional "Expenses theurred by Committee but not Pard During This Periot" in Sec. 5 of the Form 30.
- OFFICE-expensionen for college supplies such as paper, pour, pointer caratidges, and.

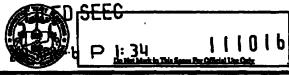
 OVHD expanditions of everywhite costs, insisting the none of reating office space, parking spaces, expairing or servicing office furniture and equipment used in connection with committee activities, related insurance, utility payments for committee headquarters, subscriptions and similar overhead operating expenses.
- PETTY expenditure to replenish the committee's petry cash funti.
- POC expenditures to record a payment to smother committee at fair market value for goods, services of either things of value provided by that other committee acting as a vendor or as a reimbursement of a shared expense. Examples: payment for a mail list, contact list or email distribution list prepared and produced by the other committee, or for the cost of the salaries of the other committee's salaried employees who were louned to the committee, etc. Absent payment to the other committee at fair market value for such benefits received, within 45 days of receipt. He committee would be receiving an in-Kind Contribution from the other committee. (Fince: In-Kind contributions do not require an expensions made because may are excepts of the numeritae, and expensions.) The POPC expenditure code category roughts be stirringuished from concentioners that are contact as CPITM (agent the those to amounts or expenditures)
- POLLS expensioners resociated with combecting mote and surveys. This edergery is to be distinguished from A-PH-BMK (phone banks) because him information ion't just delivered to the public has aplation is carefully being sought and asticated from the public in some manner to produce a poli or survey result or report. If a professional consultant is both designing and conducting the poll or survey, uses POLLS as the expenditure code, not "CNSLT" (see above).
- POST-expenditures for postage, such as stamps, bulk mail permits, post office boxes and envelopes. United Parcel Service, Federal Express, etc.
- PRNT- expenditures associated with the costs of printing, photocopying or reproducing literature, stationery, invitations and the like.
- RCW Expenditures to Reimberse Committee Workers, which may include a candidate. This is when the cost of payment for something resulted by the committee is salvacined by the committee worker and reinsbursement is sought and obtained from the commitme's tecomer who militarized the propurent wishin 45 days of except of the guid for tuna dista: Absent militaburatement to the committee would be receiving an In-Kind Contribution from the committee warker. After reaking paymage to the worker, reposing this item she sequines full appealing of the Secondary Payses appearing on the payment slip of the committee worker. Go immediately to Section T. "Immination of Reimburgaments to Committee Workers and Consultants." and follow the instructions for reporting of Secondary Payees. Further Note: When reimbursing the candidate, report the purchase in Section Q of the Form 20, entitled "Campaign Expenses Paid by the Candidate."
- REF Refunds are expenditures of any committee fluids that were deposited into the committee's checking account and then returned to a contributor or any other revenue source for any reason.
- SRPLS exceeditures which are surplus distribusions in commention will the termination and dissolution of the committee.
- TRVL expressioners for an holivisidal's transportation costs and indging eminatized by the transcret, such as the test of gastifine, where transportation fore, and lesigning. The mist of minutikeg may over should be coded as AFT (Attendimnee) (see above) and may seminative increment for four cutti ide tire cost of the atmediance for should be coded as FOAD.
- WAGE externalitures for Wagen and huncilts paid to the committee's staff. This is to be distinguished from payments to grafisarioned consultants "CNSLT" who are independent contractors.
- WEB Expenditures for accessing and having a presence on the WEB. This includes payments to develop or maintain: (a) a committee web site and homepage; (b) an internet provider; (c) a domain name on the internet; (d) payments to a merchant account processor or payment gateway provider to enable the committee to receive online credit and debit card contributions over the internet; and (e) similar costs relating to use of the internet. This is not to be used for any costs related to advertising on the web - see A-WEB above.
- *MISC expenditures of Miscellaneous learns that are not listed above. The text box of the Description Field, which is mandatory in this situation, and explain in narrative form, with sufficient clarity, the perpute of this expenditure.

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PUSIMARKED APR 5,001

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONSELTMENT STATE ELECTRONS EMPORCEMENT CONSEQUENCE Rev. 3/1



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☐ January 10 filing	7th day proceding primar	y 7th day preceding referendum	☐ Initial Contribution or Disbursement
April 10 filing	☐ 30 days following primar	• •	(LYČI OLFI)
•			Amendment to
☐ July 10 filing	7th day preceding classic	_	Type of Report:
October 10 filing	12th day preceding election (State Control Committee Only	on 🚨 Termination	
☐ Independent Expenditure O Frimary O Election	13 45 days following election	a	
	not held in November	÷ .	
•	Beginning Date	Ending Date	
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I hereby certify and state, us	der penalties of false statement,	that all of the information set forth on	this Itemized Campaign Finance
Disclosure Statement for the	e period covered is true, accura	te and complete.	. •
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SUMMARY PAGE TOTALS

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	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party Committees OR Balance on hand from day committee was formed for all other committees		Aggiogato
12. Balance on hand at the bagitaing of Reporting Period.	\$2,392.48	A Landa Maria
13. Contributions sessived from Latheidants (Sestions A and B)	\$1,120.00	\$1,120.06
14. Receipts from Other Committees (Sections C1 and C2)	\$16,500.00	416,500.00
15. Other Monetary Receipts (Sections D-K)	· Ø	Ø
16a. Total Small Food and Beverage Receipts at Fair (Section L1) Town Committees ONLY	· Ø	0
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	Ø	Ø
Municipal and Town 16c. Total Purchases of Advertising in a Program Book (Section L3) Committees ONLY	Ø	0
17. Total Monstary Receipts (add totals for lines 13-16c)	\$17,620.00	\$17,620.00
15. Subtonals (add would in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$20,512.48	\$26512.48
19. Expenses Fuld by Committee (Santion P)	\$13,581.50	\$13,581.50
20. Balance un hunt at close of Reposting Period (Subtrast line 19 from him 18 in both Columns)	\$6930.98	46,930.98
23. In-Kind Densitions not Considered Countilisations Received (Section L4)		
22. In-Kind Contributions Received (Section M)		·
23. Refundable Deposit to Telephone Company (Section N)		
24. Receipts of Organization Expenditures (Section O)		
25. Beginning Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Lette Amount		
26. Campaign Repeates Paid by Chadistrite (Section Q)		<u> </u>
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Quistanding Expenses Incurred by Committee still Unpaid (Section S)		

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I. MONETARY RECEIPTS Section B. Additional Page							
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· IL FUNDRAISI	NG EVENT ACTIVITY Page 7 of 17
NORTH COMMENS OF THE REAL PROPERTY.	
Fundrating Events Date of Fundration Laboration Laborat	dreas City State Zip Code
Subpart 1: (All Committees)	
Was this fundraising event hosted at a personal residence?	☐ Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, bovering and invitations.) ☐ No
Did this fundraiser include items donated by a business entity of an to \$100 or items donated by an individual of up to \$50?	Yes (#/yes, go to Section L4 ha-kind Describers not Considered Contributions and complete required information.)
Wen this fundamental side, method as stiller sale of dimeted items with purchases from an individual of up to \$50?	Yes (If yes, go to Sention L2 Proceeds from Tog Sult, Abetion, or Other Sale of Bounted Berns.)
Subpart 2: (Town Committees and Municipal Candidate Committees Of Wart there purtheses of alivertising space in a program book associated with this fundraiser?	VLT) Yes (Wyes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.) No
Subject & (There Chamiltons (IIII) Did your committee will food or beverage at a fair or similar mass gathering held within the state?	☐ Yes (If yes, enter Total Receipts from small purchases here.) \$
Purification Later Description Laceton: Street Ad	Morean City State Zip Code
Subpart 1: (All Committees) Was this fundralating event bosted at a personal residence?	☐ Yes (If yes, go to Section L4 Is-kind Donations not Considered Contributions and complete required information for purchases made by bost(s) for food, beverage and invitations.)
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to 456?	☐ No ☐ Yes (Uyes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.) ☐ No
Was this fundraleer a tag sale, suction, or other sale of donated items with purchases from an individual of up to \$50?	UYes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Ress.)
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Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state?	Yes (If yes, enter Total Receipts from small purchases here.)

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Warning: The existence of a particular expenditure code does not mean that such expenditure is lawful. To detaxmine lawfulness, transvers must read the committee guide applicable to their type of committee.

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Advertising: Each expenditure code beginning with "A-" is to be used to identify the delivery method for paid advertising, which includes advertising to solicit committee funds. Include the costs for both the development and the delivery of the message. A payment to a professional consultant to develop a message should be coded to the main advertising delivery method below, not as Professional Consultant (CNSLT), which is a wode that should only be used when no other capendhere code applies. If a stugib advertising message is dessional for sowned of the delivery appheniums fined below, use a Collision for the payments associated with the stowned delivery methods used. Pieuse binds: The use consigning to include a find a find relation, as pad of the message, an include not individuals to allered a find relation per constalling associated as find relation of the advertising associated to allered a find relation of the advertising associated to allered a find relation of the advertising associated to the advertising associated to allered a find relation of the advertising delivery method.

A-DM: expenditure to advertise through direct small.

A-MAG: expenditure to advertise through a magazine.

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A-NEWS: expenditure to advertise through a newspaper.

A-ATM: expenditure to advertise using an automated telephone/fax message, or an automated telemarketing message.

A-PH-BNK: expenditure for the use of phone banks, where people are speaking as distinguished from pre-recorded messages (above) and polls and surveys (balow).

A-RAD: expenditure to advertise on radio.

A-WILEN: expensions for the cost of preparing, printing, producing or distributing fawn or billboard signs visible from any street or highway.

A-TV: expenditure to advertise on television.

A-WEB: expenditure to advertise on the World Wide Web. This includes webcasting (sending audio and/or video live over the Internet), or any officer form of advertising on the web. See WEB for other web related expenditures.

A-OTH: any expenditure for any other advertising, not listed above, like the cost of (a) posters, stickers, streamers, benners, etc. for distribution on or in buildings or vehicles (i.e. cars, buses, boats, aiscraft, etc.); (b) campaign paraphernalia, such as pins, hata, potholders, tee shirts and other campaign givenway items; (c) audio messages and the cost of transmitting them by speakers from vehicles or buildings; (d) ad placed in ad books, in schools or civic organizations' pamyfiless or buildings; or (e) at books for fundraising events held by other committees.

*ATT: exponsiture for extensionate for an annuace for any person to z (1) fundrates total by any consistent (2) no energy and extensional countries of the person of the Description Field, which is mandatory under this expanditure category, identify the name and address of the individual who is attending the event as well as the date and location of the event and the name of the sponsoring committee or entity sponsoring the event.

ENK: expenditure to record any payment of BANK fees, interest charges, or penalties assessed by the bank on the committee's checking account only. Similar fees assessed by a credit card company should be listed under credit card charges in Section R of the Form 20, estitled "Expresses Incorrect on Containing Credit Card."

CGP: expenditure to record any payment of the Cuedio Cord bill, including partial payments, finance charges, and mid-cycle payments. See Section R of the Form 20, entitled "Expenses Incuired on Committee Credit Card," to record actual charges made against the credit card account, including any finance charges.

CEF: expenditure to record any payment to the State of Connecticut's Critical Election Fund (CEF). Checks should be made payable to the Citizens' Election Fund and sent to the State Elections Enforcement Commission, 20 Trinity Street, Hartford, CT 06106. This expenditure code does not apply to the surplus distribution (SRPLS) expenditure code explained below.

CHAR: unpenditure for a supprent of committee finals to a tax-encount character for a supprent of committee finals.

Riding. Cuts (2)

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